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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus T	ransportation	County
DUE DATES:	rebruary 1 to county Superintendent						May 24 to	Second Semester County Superinter State Superinter	ntendent ndent
				TIL KEINII					20 .
This clair	n is for the	period beginning		month	day	20 and er	ě		20 ay
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District Le	evel:
05 Carb	on		0056	Red Lod	ge Elem			Elemer	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
58	1	1		109.8	1.36	66	08/18/05		
58	1	2		101	0.95	36	08/18/05		
58	1	3		91.8	1.36	66	08/18/05		
58	1	4		37.4	1.36	66	08/18/05		

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08/18/05

08/24/05

08/18/05

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent		May May
COMPLE	TTE THIS CLAIM EOD STATE DEIMDLIDSEMENT EOD	SCHOOL	DIIC

DUE DATES:		February 1 February 15	to Cou				-	Second Semeste to County Superin to State Superinte	tendent
COMPLE	ETE TH	IS CLAIM FO	R STA	TE REIMB	URSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATION	•
This clain	ı is for the					20 and er	ě		20 ay
CERTIFI	CATIO	N:							
		this form is comp	lete and	accurate to the	e best of my kno	owledge.			
Date		-		re, Chair, Board		<u> </u>			
County:			District	:			District Level:		
05 Carbo	o <b>n</b>		0057 Red Lodge H S				High School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
42	1	1		109.8	1.36	66	08/18/05		
42	1	2		101	0.95	36	08/18/05		
42	1	3		91.8	1.36	66	08/18/05		
42	1	4		37.4	1.36	66	08/18/05		
42	1	4A		8	1.36	66	08/18/05		
42	1	5		55	1.36	66	08/24/05		
42	1	6		253	0.95	19	08/18/05		

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

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**School District Claim for State Reimbursement for** 

State	
District	
County	

	Helena, MT 59620-2501						School Bus Transportation				
DUE February 1 to County Superintendent DATES: February 15 to State Superintendent							Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STATI	E REIME	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATIO	N:		
This clain	nis claim is for the period beginning, 20 month day						ndingn	nonth	, 20 day		
CERTIF	ICATIO	N:									
The infor	rmation on	this form is comp	lete and acc	curate to the	e best of my kn	owledge.					
Date			Signature, Chair, Board of Trustees								
County: District:								Distric	t Level:		
05 Carb	on		0059 B	ridger l	K-12 Scho	ols		High	School		
Percentage	District #	District Route Miles Rate				Capacity	Inspection	Days Operated		Bus Driver's ocial Security #	

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08/08/05

08/08/05

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		, , , , , , , , , , , , , , , , , , ,						<u> </u>	
DUE DATES:	February 1	First Semester to County Super 5 to State Superii			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning						month	, 20 day		
CERTIFIC	CERTIFICATION:								
The inform	nation on this form is comp	lete and accurate to	the best of my l	knowledg	ge.				
Date		Signature, Chair, Bo	ard of Trustees						
County:		District:					District Level:		
05 Carbo	oon 0060 Joliet Elem						Elementary		

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
67	7	1	62	1.57	72	08/10/05		
67	7	2	63	1.57	72	08/10/05		
67	7	3	58	1.57	70	08/10/05		
67	7	4	50.6	1.57	71	08/10/05		
67	7	5	47	1.57	72	08/10/05		

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## **School District Claim for State Reimbursement for School Bus Transportation**

State	
District	
County	

DUE
DATES

			,		<u> </u>				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second Semester to County Superin to State Superinter	tendent
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:	
This clair	n is for the	period beginning	;		,	20 and e	ending		20
				month	day		ı	month da	ny
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District Le	vel:
05 Carb	on		0061	Joliet H	S			High S	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
33	7	1		62	1.57	72	08/10/05		
33	7	2		63	1.57	72	08/10/05		
33	7	3		58	1.57	70	08/10/05		
33	7	4		50.6	1.57	71	08/10/05		
33	7	5		47	1.57	72	08/10/05		
					1		•		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

DUE DATES:		February 1 February 1	to Cou 5 to Sta	te Superint	endent			May 24 t	Second Semeste o County Superin o State Superinte	ntendent ndent	
COMPL	ETE THI	S CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	CHOOL B	US TRA	NSPORTATION	•	
This clain	n is for the	period beginning	I		,	20 an	d ending		<b>,</b>	20	
			1	nonth	day			n	nonth d	ay	
CERTIF	ICATION	<b>V:</b>									
The infor	mation on t	this form is comp	lete and	accurate to the	e best of my kno	owledge.					
Date Signature, Chair, Board of Trustees											
County:			District:						District Le	evel:	
05 Carbon 0069 Roberts K-12 Schools				ols			High S	chool			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacit	y Insp	pection	Days Operated	Bus Driver's Social Security #	
100	5	1		61.6	1.36	60	08/	06/05			
100	5	2		105.2	0.95	40	08/	06/05			•
100	5	3		58	0.95	47	08/	06/05			•
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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	T 59620-25	01		School Bus Transportation County			
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									I <b>:</b>	
This clair	n is for the	period beginning	S		,	20 and e	nding		, 20	
				month	day			month	lay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date Signature, Chair, I				re, Chair, Board	d of Trustees					
County: District:				:				District L	evel:	
05 Carbon 0071 From				Fromber	g Elem			Eleme	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	30	1		56	1.57	71	08/04/05			
50	30	2		48	1.57	71	08/04/05			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

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**School District Claim for State Reimbursement for** School Rus Transportation

State	
District	
County	

		Hele	ena, MT 5	9620-25		School Bus Transportation					
DUE DATES:	3	February 1 February 1	•	y Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STAT	E REIME	BURSEMEN	NT FOR SCI	HOOL BUS TRA	NSPORT	ATION:		
This clair	m is for the	period beginning	3		<b>,</b>	20 and e	nding		, 20	<b>.</b>	
			mo	nth	day		r	nonth	day		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and acc	curate to the	e best of my kn	owledge.					
Date	Signature, Chair, Board of Trustees										
County:			District:						District Level:		
05 Carb	on		0072 F	'romber	g H S				High Sch	ool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Da Oper		Bus Driver's Social Security #	

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08/04/05

08/04/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	Г 59620-25		School Bus Transportation				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRAN	NSPORTATION	[ <b>:</b>	
This clain	m is for the	period beginning	S		,	20 and en	ding		, 20	
				month	day		m	onth d	lay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date	Signature, Chair, Board of Trustees									
County: District:								District L	evel:	
05 Carb	on		0073	Edgar E	lem			Eleme	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	22	1		0.1	0.05	10	09/04/05			

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	<u> </u>	Hele	ena, MT	T 59620-25	01		School Bus Transportation County					
DUE DATES:		Testuary to to state supermittendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPORTAT	TION:			
This claim	m is for the	period beginning	3		,	20 and er	nding		, 20	•		
			n	nonth	day		m	onth	day			
CERTIF	ICATIO	N:										
The info	rmation on	this form is comp	lete and a	accurate to the	e best of my kn	owledge.						
Date Signature, Chair, Board of Trustees												
County: District:								Dis	trict Level:			
05 Carb	on		0076	Belfry K	-12 Schoo	ls		Hi	gh School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	d Se	Bus Driver's ocial Security #	#	
100	3	1		61.6	1.15	54	08/08/05					

41

08/08/05

9/10

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

86

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus Transportation				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STATE RE	IMBURSEM	ENT FO	R SCH	OOL BUS TRA	NSPORTAT	ION:		
This clain	m is for the	period beginning	month	day	, 20	_ and end	0	onth	, 20 day	_•	
CERTIF	ICATIO	N:									
The infor	rmation on	this form is comp	lete and accurate	to the best of my	y knowledg	ge.					
Date	ate Signature, Chair, Board of Trustees										
County:			District:				District Level:				
05 Carb	on		1231 Luther Elem				Elem				
Percentage # Route #			Miles Per Da		e Ca	pacity	Inspection	Days Operated	1 5	Bus Driver's Social Security #	

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08/17/05